PRINTED: 07/31/2012 FORM APPROVED

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING TN3701 07/30/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD CHURCH HILL CARE & REHAB CTR CHURCH HILL, TN 37642 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ťΩ (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness N1410 8/23/2012 1. The medical equipment cords were (2) Physical Facility and Community Emergency immediately removed from the power Plans. strip and placed in the appropriate receptacle by the Plant Operations (a) Physical Facility (Internal Situations). Manager on 7/30/2012. 5. Each of the following disaster preparedness 2. All other resident rooms were assessed for plans shall be conducted annually prior to the power strips and medical equipment month listed in the plan. Drills are for the plugged into the appropriate receptacle by purpose of educating staff, resource the Plant Operations Manager on determination, testing personnel safety provisions 7/31/2012. No other rooms were and communications with other facilities and identified to be affected. community agencies. Records which document and evaluate these drills must be maintained for 3. The Plant Operation Manager in-serviced at least three (3) years. licensed nurses, certified nurses, housekeeping, administration, activities, (ii) External disaster procedures plan (for dietary, and therapy on all medical tornado, flood, earthquake), to be exercised prior equipment must be plugged into a to March, shall include: appropriate receptacle on 7/30/2012. (I) Staff duties by department and job 4. The Plant Operations Manager will assignment; and, conduct weekly audits of 20 resident rooms to ensure no medical devices are (II) Evacuation procedures. plugged into power strips and to check for the necessity of additional receptacles for This Rule is not met as evidenced by: 4 weeks then monthly times 2 months Based on interview and record review, the facility and/or 100% compliance. Results of the failed to have a written earthquake plan and audit will be brought to the Quality assure an earthquake drill was exercised Assurance Performance Improvement annually. Committee by the Plant operations The findings include: manager monthly, Members of the Interview and record review with the Administrator Quality Assurance Performance on July 30, 2012 at 3:15 p.m. confirmed the Improvement Committee consist of the facility failed to perform earthquake drills Medical Director, Administrator, Director annually. There was no written earthquake plan. of Nursing, Assistant Director of Nursing, Disaster plan only indicated the area had no Activities Director, Nurse Educator, earthquakes. Dietary Manager, Plant operations This finding was verified by the Maintenance manager, Medical Records, and Rehab Supervisor and acknowledged by the Administrator during the exit conference on July manager. Division of Health Care Facilities,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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ontinuation sheet 1 of 2

FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 - MAIN BUILDING 01 A. BUILDING B. WING TN3701 07/30/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD **CHURCH HILL CARE & REHAB CTR** CHURCH HILL, TN 37642 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness N1410 (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness: plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to have a written earthquake plan and

Division of Health Care Facilities

annually.

earthquakes.

The findings include:

TITLE

(X6) DATE

This finding was verified by the Maintenance Supervisor and acknowledged by the

assure an earthquake drill was exercised

Interview and record review with the Administrator on July 30, 2012 at 3:15 p.m. confirmed the facility failed to perform earthquake drills

annually. There was no written earthquake plan. Disaster plan only indicated the area had no

Administrator during the exit conference on July

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NAME OF PROVIDER OR SUPPLIER  CHURCH HILL CARE & REHAB CTR  TO 1 WEST MAIN BLVD CHURCH HILL, TN 37642   (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGS) TAGS  N1410  Continued From page 1  30, 2012.  N1410  1. An earthquake plan has been written and added to the disaster plan. 2. Staff will be in-serviced on the Earthquake Plan beginning on 8/16/2012 and completed by 8/23/12. Any new staff will be in-serviced upon orientation.  3. An earthquake drill will be exercised annually.  4. Any susses with the earthquake drill will be corrected at that time and addressed at the following Quality Assurance Performance meeting comprised of the Medical Director, Administrator, Director of Nursing	IDEN		(X1) PROVIDER/SUPPLIEDENT/FIGATION NUMBER TN3701	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED		
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